



**MI BEI CLASS AUDIT FORM**  
**SIGN LANGUAGE INTERPRETER**  
**CERTIFICATION PROGRAM**

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**FOR OFFICE USE ONLY!**

**Deaf Persons' Interpreters Act**  
**1982 PA 204 as amended 2007**

**Department of Energy, Labor & Economic Growth**  
**Michigan Commission on Disability Concerns**  
**Division on Deaf and Hard of Hearing**

**INSTRUCTIONS:**

- Type or print legibly with black or blue ink only. Provide a response or write "N/A" (Not Applicable).
- Submit this "Class Audit" form with the renewal form at renewal time. Documents will not be held or compiled in our office for you. Everything must be submitted together.
- Keep a copy of your completed "Class Audit" form.

**NAME (Last, First, Middle Initial):**

**RECORD OF CLASSES AUDITED:**

<b>CLASS/ LECTURE TITLE?</b>	<b>PRESENTER/ PROFESSOR NAME?</b>	<b>DATE AND TIMES (START/END)</b>	<b>PROFESSIONAL OR GENERAL STUDIES?</b>	<b>NUMBER OF MI BEI UNITS EARNED?</b>

\*Please attach additional paper if needed to complete listing of ALL classes/lectures.

Print Name of Presenter/Professor: \_\_\_\_\_

Signature of Presenter/Professor: \_\_\_\_\_ Date: \_\_\_\_\_

10/21/2009